Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10629183

CLAIMS AS FILED - PART I												
		- CEAINIO A	(Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTIT	
TOTAL CLAIMS			38					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			3 % minus 20=		*	14		X\$ 9=	162	OR	X\$18=	
INDEPENDENT CLAIMS			4 mi	nus 3 =	*			X42=	42	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT				·· <u>-</u>		/ 🗆		+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							<u>L</u>	OTAL	519	OR	TOTAL	
CLAIMS AS AMENDED - PART II									<u> </u>]	OTHER	THAN
	Mark State Co. (SW)	(Column 1)		(Colur		(Column 3) SMAL			ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* INTATION OF MI	Minus	***	CLAINA			X42≈		OR	X84=	
	THOTTALOL	INTATION OF IM		ENDEN	CLAIM			-140=		OR	+280=	
	1,11 22 34 (Column 1) (Column 0) (Column 0)									OR	TOTAL ADDIT. FEE	
	1,/(~-	_	DIT. FEE									
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	;	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= -	;	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								140=		OR	+280=	
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	Bulks Bulks Bulks	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	<u> </u>	Minus	**		=	 	(\$9≈		OR	X\$18=	
	Independent	pendent		CLAINA	=		X42 =		OR	X84=		
	, mor ricot	TATION OF MIC	JEHRE DEF	CINDEINI	CLAIM		\	140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20." ** TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20."											TOTAL	
***	If the "Highest Nu	mber Previously Pai	aid For" IN THI	S SPACE is	s less tha	n 3. enter "3."	ADL	OIT. FEE	ropriate box		ADDIT. FEE I lumn 1.	<u> </u>